

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

Safe and Healthy Lives in Safe and Healthy Communities

Patricia A. Nolan, MD, MPH Director of Health

To All Rhode Islanders:

It is my distinct pleasure to present the Rhode Island State Asthma Plan.

Asthma affects 75,000 adults and 25,000 children in Rhode Island – one of the highest rates in the country. Asthma also burdens thousands more individual and family caregivers and drains our health care resources. This situation merits careful consideration and planning.

The Rhode Island asthma planning effort began in 1999 with a special edition of Medicine and Health Rhode Island dedicated to this disease. Since then, hundreds of individuals have contributed their time and expertise to this plan.

We thank the clinicians, pharmacists, respiratory care therapists, school nurses, health insurers, legislators and representatives of diverse racial and ethnic populations who truly authored this plan. We also extend our appreciation to families and individuals affected by asthma who participated in focus groups and attended the Asthma Summits.

The Rhode Island Department of Health will continue to work closely with asthma patients, families, community groups and organizations to implement this plan and promote health for all Rhode Islanders.

Sincerely,

Patricia a. Flolan, MD, MPH

Patricia A. Nolan, MD, MPH Director, Department of Health Safe and Healthy Lives in Safe and Healthy Communities

Community Partners in the Asthma Control Coalition of Rhode Island ACKNOWLEDGEMENTS

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This plan reflects many years of work by many individuals from many organizations. The participation and support of representatives from diverse communities, particularly those with prevalence rates higher than the national average, were invaluable in the development of this plan. We thank them and all of our community partners, especially the American Lung Association of Rhode Island and the minority Asthma Collaborative for their contributions to this plan. The Asthma Professional Advisory Committee, chaired by Dr. Charles Sherman and Dr. Robert Klein, all the sub-committee participants and everyone who attended our four asthma summits, shaped this plan to reflect a wide spectrum of viewpoints from a wide variety of organizations across the state.

Finally, the deepest appreciation and thank go to the developers and writers of this plan from the Rhode Island Department of Health. They include John P. Fulton, PhD, who guided the Asthma Control Program from the start and continues to provide epidemiologic support to this initiative, Leanne Chiaverini, who provided invaluable work and analysis to promote an understanding of the data about asthma in

Rhode Island, Germaine Dennaker, who supported the early development of the school issues, and Ann Kelsey Thacher who joined the program as Principal Investigator in 2002.

Lodie Lambright, MPA Program Manager



PARTNERS IN ASTHMA CONTROL FOR RHODE ISLAND Strategies for Addressing Asthma Issues in Rhode Island







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AN INTRODUCTION:

The Burden of Asthma

ASTHMA IS A CHRONIC INFLAMMATORY DISEASE OF THE AIRWAYS characterized by airway constriction and chronic inflammation. Clinical signs include recurrent episodes of wheezing, breathlessness, chest tightness and coughing. At present, there is neither a cure for asthma nor a way to prevent its onset. However, with proper management, people with asthma can lead healthy and productive lives by taking appropriate medication and avoiding exposure to such asthma "triggers" as allergens, cigarette smoke, respiratory infections and exercise.

By coordinating both public and private efforts to improve patient education regarding the factors and issues associated with asthma, we can help people with asthma to lead healthy, normal lives.

Today, asthma is not just a clinical issue. The self-reported prevalence of asthma continues to increase, affecting an estimated 15 million people. It has become a public health issue that is responsible for

- over 10 million missed school days each year;
- over 10 million visits to healthcare providers per year;
- over 1.8 million emergency room visits per year;
- over 460 thousand hospitalizations per year;
- an estimated \$12.7 billion (in 1998) in cost to the United States economy;
- about 5,000 deaths per year.

Focusing on the burden of asthma in Rhode Island

Rhode Island has one of the highest adult asthma prevalence rates in the country. In 2000, the state had an adult asthma prevalence of 8.5 percent, while the United States had an adult prevalence of 7.2 percent. When compared with the 50 states, Puerto Rico, and the District of Columbia, Rhode Island tied with three other jurisdictions for the fifth highest adult asthma prevalence.

Asthma afflicts adults in Rhode Island across the socio-demographic spectrum with a few notable disparities. In a survey of households in 1996, self-reported prevalence was elevated

To meet RI-specific objectives, the ACC uses the following **CAAADT**

SMART CRITERIA

Specific

identifies a specific event or action that will take place

Measurable

quantifies the amount of change to be achieved

Achievable & Ambitious

realistic criteria given available resources and plans for implementation yet challenging enough to accelerate program objectives

Relevant

logical and relates to the program's goals

Time-bound

specifies a time by which the objective will be achieved

among African-Americans, Asians, and people who lived in the state's five core cities: Providence, Pawtucket, Central Falls, Newport, and Woonsocket. In a survey of adults conducted in 2000, self-reported asthma prevalence was 8.5 percent overall, with elevated prevalence among females, people in the lowest income bracket, people who were unemployed, and people who were unable to work.

In 1999, the Rhode Island Department of Health (HEALTH) and the American Lung Association, Rhode Island Chapter (ALARI) joined together to apply for funding from the United States Centers for Disease Prevention and Control (CDC) and formed the Rhode Island Asthma Control Program (ACP). The mission of this program has been to bring together stakeholders and develop a state plan to guide initiatives addressing asthma control. In 1999, the ACP first convened these partners as the Asthma Control Coalition of Rhode Island (ACC).

As recommendations were grouped, major themes began to emerge, e.g. asthma surveillance, public and professional education, assessment of environmental triggers, advocacy for asthma friendly policies. After studying Rhode Island's asthma burden and available asthma control strategies, the ACC adopted asthmaspecific Healthy People 2010 objectives for respiratory health as its core objectives, developing complementary, high-priority objectives as necessary to meet the specific needs of the state.

The ACC has modified this goal for Rhode Island by recognizing its own focus on asthma:

- to promote respiratory health through better prevention, detection, and treatment of asthma;
- through better education of asthma patients, their families, and the health care providers who serve them.

This report focuses on the ways the Asthma Control Plan will be implemented, and how special interest groups will benefit from the many activities planned to meet objectives. In addition, a number of informational tools are included.



Asthma Surveillance

GOAL: IMPROVE ASTHMA SURVEILLANCE IN RHODE ISLAND

OBJECTIVE 1

TARGET GROUPS

Asthma Control Advocates Healthcare Providers Managed Health Organizations

By 20

By 2004, field a revised asthma module for the RI BRFSS which solicits data on all of the Plan's objectives that may be appropriately addressed with this surveillance medium.



ACC Action

Meet with BRFSS staff at HEALTH to determine size and content of the asthma module, draft and pilot questions on HEALTH employees, and submit the module for testing to BRFSS staff.

OBJECTIVE 2

TARGET GROUPS

Asthma Control Advocates Healthcare Providers Managed Health Organizations By 2005, develop a surveillance data set from hospital emergency department (ED) billing records to monitor ED visits for asthma.

By 2005, develop and pilot a survey instrument to evaluate

indoor air quality in every Rhode Island public school at least



ACC Action

Promote the development of ED data by HEALTH, assist in the development of resources, meet with the Chief of Health Statistics (HEALTH) to document the progress in the development of this data set, and assist Health Statistics as necessary and possible.

OBJECTIVE 3

TARGET GROUPS

Asthma Control
Advocates
RI Dept. of Education
Schools*
Healthcare
Providers

ACC Action

once every four years.

Draft a survey instrument and procedures for its use, and invite school administrators and maintenance directors to discuss the draft and procedures for its use. Pilot the use of the survey instrument in 10 schools, modify the survey instrument and re-test, if necessary.

Debrief school administrators and maintenance directors about the pilot.

Train school personnel to use the survey instrument.

^{*} School target groups include department heads, administrators, maintenance directors and personnel.

OBJECTIVE 4

Test the computerized health record data set developed by the Providence Public Schools for its efficacy in tracking asthma prevalence.

TARGET GROUPS

Asthma Control
Advocates
RI Dept. of Education
Schools*
Healthcare
Providers



ACC Action

Meet with information system staff of the Providence Public Schools to discuss the status of computerized health records in Providence, focusing on completeness, timeliness and quality of the data.

Obtain and analyze data.

Present preliminary results to information system staff of the Providence Public Schools to discuss appropriate interpretation, given earlier discussions of the completeness, timeliness, and quality of the data.

Complete data analysis, write a brief page summary of asthma prevalence in the Providence Public Schools, and present it to school nurses, teachers, and administrators.



Assessment of Environmental Triggers

GOAL: BUILD AN INFRASTRUCTURE TO ASSESS ENVIRONMENTAL TRIGGERS OF ASTHMA* IN SCHOOLS AND WORKPLACES

OBJECTIVE Train staff at the Rhode Island Department of Health

(HEALTH) and The American Lung Association of Rhode Island (ALARI) to advise schools and workplaces on the

control of environmental triggers for asthma.



ACC Action

Convene HEALTH and ALARI staff to develop a consensus on the roles of field staff in schools and workplaces.

Develop a structure for the coordination of field staff activities.

Produce a handbook for field staff addressing the nature, coordination, and documentation of field staff activities in schools and workplaces.

Administer a proficiency test to potential field staff before training commences.

Develop a routine and schedule for consultation with schools and workplaces on the control of environmental triggers for asthma.

Select and obtain or develop and produce written information on the control of environmental triggers for asthma for distribution by field staff to schools and workplaces during consultations.

^{*} Refer also to Resource Reference Guide: "Know Your Triggers" - pages 21, 22.



Strategic Plan #3 Public Education

GOAL: SUPPORT PATIENT AND FAMILY EDUCATION FOR ASTHMA MANAGEMENT THROUGH PUBLIC EDUCATION

OBJECTIVE 1 Maintain a comprehensive public asthma education program focusing on avoiding second-hand smoke, having an asthma action plan, getting a flu shot every fall, and taking asthma

seriously.

TARGET GROUPS

Patients with Asthma and Their Families



- ACC Action

Field annual multi-channel public education campaigns to associate asthma with exposure to second-hand smoke, to promote the use of asthma action plans by asthma patients and their families by:

- developing media plan and messages for second-hand smoke campaign in collaboration with the Rhode Island Tobacco Control Program
- developing approaches and producing scripts for asthmarelated media messages, and design coordinated written materials, *e.g.* posters, brochures, etc.
- testing approaches and scripts and written materials on a diverse multicultural sample of people with asthma and their families
- purchasing media time/space with the Asthma Regional Collaborative of New England based on public education campaigns in the other New England states
- distributing coordinated written materials through schools, physicians' offices, and pharmacies

Field annual multi-channel public education campaigns to promote flu shots for all people with asthma by:

 developing media plan and messages and purchasing media time/space in collaboration with the Ocean State Adult Immunization Coalition of Rhode Island (OSAIC)

OBJECTIVE 2

Maintain an on-going diverse public education program for asthma patients and their families from high-risk, under-served communities, focusing on inner city Providence, and expanding to low-income areas of Pawtucket/Central Falls, Woonsocket, and Newport

TARGET GROUPS

Patients with Asthma and Their Families



► ACC Action

- identify messages and approaches from previous campaigns across the country
- develop media plan and messages for Rhode Island in collaboration with the Rhode Island Minority Asthma Collaborative
- design coordinated written material, e.g. posters, brochures, etc.
- purchase media time/space in collaboration with the Rhode Island Minority Asthma Collaborative
- distribute coordinated written materials through organizations specially selected by the Rhode Island Minority Asthma Collaborative.



Primary Care Provider Education

GOAL: IMPROVE PROFESSIONAL EDUCATION ON THE

DIAGNOSIS, TREATMENT, AND MANAGEMENT OF

ASTHMA IN RHODE ISLAND.

OBJECTIVE Field an Asthma Update program for primary health care

providers, stressing the use of approved guidelines for the diagnosis and treatment of asthma, the use of written asthma action plans for every asthma patient, and the need for comprehensive patient and family education to manage asthma.

TARGET GROUPS

Primary Healthcare Providers* Pharmacists



* Primary healthcare providers include: MDs, DOs, NPs, and PAs in family medicine, internal medicine, emergency medicine, and pediatrics

ACC Action

Revise, print and mail an update of the Asthma Control Plan's *Quick Reference Guide for Asthma Diagnosis and Treatment* to primary health care providers.

Develop a one-page "Rules of Two" for distribution by providers to families and adults, coordinating any revisions made in the *Quick Reference Guide*.

Revise the Asthma Action Plan to include a section on triggers and mail the updated ACP Asthma Action Plan to primary health care providers.

Three times each year, fax a one-page *Asthma Abstract* to primary health care providers containing a summary of the latest advances in asthma diagnosis, treatment and patient education from medical literature.

Present a series of *Asthma Update* training sessions throughout the year for specialists from the ACC to update primary health care providers on advances in asthma diagnosis, treatment, and patient education.

Sponsor asthma presentations at major meetings of primary healthcare providers by contacting planning committees and booking speakers.



School Nurse/Teacher Education

GOAL: IMPROVE PROFESSIONAL EDUCATION FOR THE MANAGEMENT OF ASTHMA IN RHODE ISLAND SCHOOLS

TARGET GROUPS

School Nurses School Nurse Teachers **OBJECTIVE**

Field an ongoing Asthma Update program for Rhode Island school nurse teachers and school nurses.



Revise, print and mail an update of the Asthma Control Plan's *Quick Reference Guide for Asthma Diagnosis and Treatment* to school nurse teachers and school teachers.

A Nurse Education Advisory Sub-Committee will oversee the development of a *Best Practices* manual and other educational activities to include:

- formulating *Best Practices* among parents, among/between parents, clinicians, asthma educators, and pharmacists
- piloting Best Practices among volunteer school nurse teachers
- revising and mailing *Best Practices* to school nurse teachers
- drafting practical articles to support self-management of asthma by students working from the *Best Practices* manual and coordinated with it
- critiquing and editing of articles for the *Asthma Update* a semi-annual two-page update for school nurse teachers and school nurses to support self-management by students with asthma.
- soliciting new "best practices" for the Asthma Update from school nurse teachers and school nurses in Rhode Island

Promote and support the appropriate use of Section 504 (disabilities) in developing asthma care plans.

Promote the development of a statewide protocol for the communication of confidential health information about students.

Sponsor an asthma presentation at annual meetings of school nurse teachers and school nurses organized by HEALTH.



Advocacy for Asthma-Friendly Policies

GOAL: BUILD ADVOCACY FOR ASTHMA-FRIENDLY POLICIES FOR

THE PURPOSE OF REDUCING ASTHMA TRIGGERS AND

IMPROVING HEALTH CARE FOR ASTHMA

OBJECTIVE

Field an ongoing comprehensive asthma advocacy program for asthma-friendly policies in the construction and maintenance of homes, schools, and workplaces, and develop asthma-friendly health care policies among third-party payers in the state.

TARGET GROUPS

Patients with Asthma and Their Families

Construction and Maintenance of HOMES



ACC Action

Establish an *Asthma-Friendly Housing Group* comprised of ten housing advocacy groups which will develop legislation that will give authority to the state Housing Resource Commission over code enforcement in setting statewide standards, enforcement, and, if necessary intervention.

The Asthma-Friendly Housing Group:

- holds meetings to discuss asthma-friendly housing principles
- maintains a call system to organize responses from the group
- plans and publishes a quarterly newsletter to keep advocate groups current on policies and principles
- solicits regular feedback from the group about member satisfaction
- assesses housing court activities
- measures/tracks asthma prevalence/incidence in housing
- develops, promotes, and supports cross-sectoral planning, advocacy, public awareness, and community organization
- develops and promotes a legislative agenda, draft legislation, and a written legislative advocacy plan

TARGET GROUPS

School Administrators Maintenance Directors School Children and Families

Construction and Maintenance of SCHOOLS



ACC Action:

Recruit parents to establish an *Asthma-Friendly Schools Group* which will be responsible for effecting asthma-friendly schools principles.

The Asthma-Friendly Schools Group:

- maintains a call system to organize responses from the group
- plans and publishes a quarterly newsletter to keep advocate groups current on policies and principles
- holds meetings to discuss asthma-friendly principles related to school environmental health
- analyzes feedback received at periodic meetings and mini-summits about school environment issues and member satisfaction
- maintains an 800 phone-line used as a clearinghouse for educational and environmental programs
- maintains and promotes the GotAsthma.org web site with accurate and current linkages and information
- advocates for minimum standards for school construction (building and rehabilitation) to avoid environmental health problems, and ties public funding for construction, modification, or remediation to those standards
- provides incentives for air quality audits or other environmental health audits and/or other ways for those questions to be considered
- investigates into how Asset Protection Plans, required from school districts by the RI Department of Education, can play a role, and into local building codes efficacy to address these issues

TARGET GROUPS

Employers
Employees with
Asthma
and Their
Families

Construction and Maintenance of WORKPLACES



ACC Action:

Field a workplace asthma control program as part of the Rhode Island Workplace Wellness Council of RI (WWCRI) which

- develops basic asthma control policies for workplaces
- makes promotional and educational materials, including easily
 posted visuals, available to workplaces; these materials include
 real data on asthma caused by asthma triggers in the workplace,
 asthma-related absenteeism and health care costs, and returnon-investment of workplace asthma control policies
- piloted a worksite asthma control program in ten Rhode Island businesses, evaluates its design and materials, and makes revisions to the Wellness Program as needed
- promotes success "stories" of businesses that have adopted asthma-friendly policies to help promote the adoption of workplace asthma control policies by other businesses participating in WWCRI

TARGET GROUPS

Health Insurers
Patients
with Asthma and
Their Families

HEALTH CARE (Third-Party Payers)



ACC Action

Organize physicians who specialize in the treatment of asthma to establish an *Asthma-Friendly Physician Advocates Group*.

The Asthma-Friendly Physician Advocates Group:

- works to develop asthma-friendly policies to be promoted among major health insurers in Rhode Island
- facilitates communication between the group and third-party payers
- maintains a call system to organize responses from the group
- plans and publishes a quarterly newsletter to keep the group informed of current policies and principles
- solicits feedback about third-party payer issues and member satisfaction
- develops and promotes a policy development agenda, draft policies, and a written policy advocacy plan



The Asthma Control Coalition (ACC) of Rhode Island sponsors an ANNUAL ASTHMA SUMMIT for members of the ACC.

Keynote Speakers • Workshops

Sessions specifically designed for physicians on the utilization of the Asthma Action Plan will be included.

In order to keep member current, the ACC will issue an Asthma Advocate Newsletter on a quarterly basis.



Partners Making a Difference: Businesses and Organizations



Why should businesses and organizations be concerned about the burden of asthma?

Asthma is a growing public health problem that is costing the U. S. economy billions of dollars annually through the limitation of principal activity and absenteeism of those diagnosed with asthma. Becoming knowledgeable about the impact of asthma, the importance of assessing environmental triggers, and advocating for asthma-friendly policies ensures that people affected by asthma receive the support and services needed to lead normal lives.

How can businesses and organizations help to relieve the burden of asthma in Rhode Island?



- address asthma as a public health issue
- □ provide the Rhode Island Asthma Control Plan with accurate data re: absenteeism, lost time, etc. that is related to asthma
- □ recognize and eliminate the environmental "triggers", especially those in high-risk industries
- work with insurers to implement programs that make employee-based healthcare systems compatible with the needs of the working people with asthma

How do businesses and organizations benefit from the strategies of the Asthma Control Coalition?



- a reduction in absenteeism, lost time, etc. related to asthma
- □ provide for a healthier workplace environment that is free of environmental "triggers"

Resource Web Sites for Businesses and Organizations

RHODE ISLAND

| Rhode Island Department of Health www.HEALTH.ri.gov 3 Capitol Hill, Providence, RI 02908 Tel: (401) 222-1172 |
|---|
| American Lung Association of Rhode Island |
| NATIONAL |

| Allergy and Asthma Network/Mothers of Asthmatics, Inc www.aanma.org |
|---|
| Allergy, Asthma & Sinusitis www.allergy-asthma-sinusitis.com |
| American Association for Respiratory Care www.aarc.org |
| American College of Allergy, Asthma, and Immunology www.allergy.mcg.edu |
| American Lung Association www.lungusa.org |
| Asthma Action America® www.asthmaactionamerica.com |
| Asthma and Allergy Foundation of America www.aafa.org |
| Asthma and Indoor Environments www.epa.gov |
| Attack Asthma, Learn More www.noattacks.org |
| Breatherville, USA TM |
| Chronic Obstructive Lung Disease www.goldcopd.com |
| Global Initiatives for Asthma www.ginasthma.com |
| National Asthma Education and Prevention Program |
| NHLBI Health Information Network www.nhlbi.nih.gov |
| National Institute of Allergy and Infectious Diseases www.nih.gov |
| National Jewish Medical and Research Center www.njc.org |

Many web sites listed above offer publication/periodical resource links as well as consultant and speaker information.



PARTNERS IN ASTHMA CONTROL FOR RHODE ISLAND Strategies for Addressing Asthma Issues in Rhode Island

Partners Making a Difference: Rhode Island Public Schools



Why should Rhode Island public schools be concerned about the burden of asthma?

An American Lung Association national survey of 1,525 school nurses identified lack of adequate medical treatment as a contributory factor to poor asthma control in schools. Students lacked knowledge of self-management basics, *i.e. use of prevention medications, proper inhaler usage, and use of peak flow meters.* Nurses were unable to provide this education; others found themselves responding to asthma crises with no time for student education.

In addition, the Centers for Disease Control and Prevention estimates over 10 million school days are missed each year due to asthma



How can Rhode Island schools help to relieve the burden of asthma?

- provide continuing asthma education for school nurses and others who can serve as asthma educators
- ☐ maintain computerized health record data set re: asthma prevalence
- □ recognize and work to eliminate the environmental "triggers" associated with asthma attacks
- work with student and family in coordinating the self-management skills to develop motivation and confidence
- advocate for asthma-friendly policies, i.e. standards for facilities, maintenance, and care of school children with asthma
- attend satellite conferences for administrators, personnel, children and families on asthma issues
- ☐ implement indoor air quality and environmental improvements by identifying potential funding sources
- □ provide materials and equipment to educate school personnel on the use of peak flow meters, nebulizer, spacers, etc.

Resource Web Sites for Rhode Island Public Schools

RHODE ISLAND

| Rhode Island Department of Health www.HEALTH.ri.gov 3 Capitol Hill, Providence, RI 02908 Tel: (401) 222-1172 |
|---|
| American Lung Association of Rhode Island www.lung.ri.org 117 North Main Street, Providence, RI 02903 Tel: (401) 421-6487 |
| NATIONAL |
| Allergy, Asthma & Sinusitis www.allergy-asthma-sinusitis.com |
| American Association for Respiratory Care www.aarc.org |
| American College of Allergy, Asthma, and Immunology www.allergy.mcg.edu |

NHLBI Health Information Network www.nhlbi.nih.gov

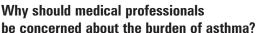
National Jewish Medical and Research Center www.njc.org

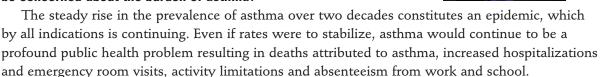
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National Asthma Education and Prevention Program



PARTNERS MAKING A DIFFERENCE: Medical Professionals







- participate in continuing asthma education available through Rhode Island's professional education system and the ongoing, comprehensive Asthma Update program which stresses the use of guidelines and a written asthma action plan for every patient and family member
- stress the importance of annual flu shots for asthmatic patients
- maintain computerized health records for asthma prevalence and make the information available to the ACC
- recognize and work to eliminate the environmental "triggers"
- work with patient and family to coordinate the patient's selfmanagement skills to develop motivation and confidence
- advocate for asthma-friendly policies, i.e. standards for maintenance, and care of school children with asthma
- attend satellite conferences



How do medical professionals benefit from the strategies of the Asthma Control Coalition?

- publications such as the Asthma Update, Quick Reference Guide for Asthma Diagnosis and Treatment, Asthma Action Plan, Asthma Abstract, etc., provide approved guidelines for the diagnosis, treatment, and management of asthma
- seminars and training sessions update primary health care providers on advances in asthma diagnosis, treatment and patient education, and to provide question and answer sessions about hypothetical cases

Resource Web Sites for Medical Professionals

RHODE ISLAND

| Rhode Island Department of Health www.HEALTH.ri.gov 3 Capitol Hill, Providence, RI 02908 Tel: (401) 222-1172 |
|---|
| American Lung Association of Rhode Island www.lung.ri.org 117 North Main Street, Providence, RI 02903 Tel: (401) 421-6487 |
| NATIONAL |
| Allergy and Asthma Network/Mothers of Asthmatics, Inc www.aanma.org |
| American Academy of Allergy, Asthma and Immunology www.aaaai.org |
| American Academy of Pediatrics www.aap.org |
| American Association for Respiratory Care www.aarc.org |
| American College of Allergy, Asthma, and Immunology www.allergy.mcg.edu |
| American College of Chest Physicians www.chestnet.org |
| American Lung Association www.lungusa.org |
| American Medical Association Asthma Information Center www.foodallergy.org |
| Asthma Management for the Primary Care Physician www.vh.org |
| Asthma Society of Canada www.asthma.ca |
| Attack Asthma, Learn More www.noattacks.org |

Many web sites listed above offer publication/periodical resource links as well as consultant and speaker information.



Partners Making a Difference: Advocates for Asthma-Friendly Policies

What risk factors for asthma can be reduced by advocating for asthma-friendly policies?

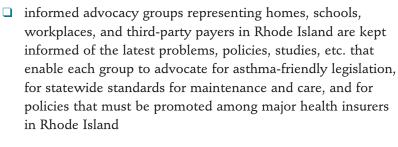
The ACC's ongoing, comprehensive asthma advocacy program is designed to support the development of asthma-friendly policies dealing with smoking and exposure to second-hand smoke and in the construction and maintenance of homes, schools, and workplaces.



How can the advocates for asthma-friendly policies help to relieve the burden of asthma?

- □ support the development of asthma-friendly health care policies among third-party payers in Rhode Island
- □ help develop greater coordination of effort around specific issues (regulations, laws, policies) at multi-levels, e.g. state, system (school/health providers)
- maintain computerized health record data on asthma prevalence and make the information available to the ACC
- work to eliminate the environmental "triggers"
- attend satellite conferences

How does asthma advocacy benefit from the strategies of the Asthma Control Coalition?





Resource Web Sites for Advocates for Asthma-Friendly Policies

RHODE ISLAND

| Rhode Island Department of Health | www.HEALTH.ri.gov |
|---|-------------------|
| 3 Capitol Hill, Providence, RI 02908 Tel: (401) 222-1172 | |
| American Lung Association of Rhode Island | www.lung.ri.org |

NATIONAL

| Allergy and Asthma Network/Mothers of Asthmatics, Inc www.aanma.org |
|---|
| American College of Allergy, Asthma, and Immunology www.allergy.mcg.edu |
| American Lung Association www.lungusa.org |
| Asthma and Allergy Foundation of America www.aafa.org |
| Asthma Action America® www.asthmaactionamerica.com |
| Asthma and Indoor Environments www.epa.gov |
| Asthma Society of Canada www.asthma.ca |
| Attack Asthma, Learn More www.noattacks.org |
| Breatherville, USA TM www.breatherville.com |
| Canadian Lung Association www.lung.ca |
| Global Initiatives for Asthma www.ginasthma.com |
| National Asthma Education and Prevention Program |
| NHLBI Health Information Network www.nhlbi.nih.gov |
| National Jewish Medical and Research Center www.njc.org |

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TRIGGERS are those activities, substances, and conditions that cause sensitive airways to become tightened and inflamed making the airways smaller. Mucus develops inside the air passages. This makes it difficult to breathe. In addition, you may cough and wheeze, find your chest tightening, develop a shortness of breath, or wake up during the night with these symptoms.



TOBACCO SMOKE

Asthmatics may be affected by a burning cigarette, pipe, cigar . . . or smoke exhaled by a smoker



Take Action against Tobacco Smoke

- Avoid smoke-filled areas.
- ☐ Do not permit smoking in the home or car.
- Avoid the use of wood-burning stoves, fireplaces or kerosene heaters.

DUST MITES

Dust mites, too small to be seen, make their home in bed linens, stuffed animals clothes and carpets.



Take Action against Dust and Dust Mites

- ☐ Use dust-proof covers.
- ☐ Wash bed linens weekly in HOT water.
- ☐ Dust furniture with a damp cloth and vacuum carpet and fabric-covered furniture often using high-efficiency filters.
- ☐ Remove carpets wherever possible.
- Do NOT use humidifiers.
- Remove stuffed toys from bedroom or wash toys in HOT water weekly.
- Avoid lying on upholstered furniture or carpet.

STRESS

Tense or upsetting situations can easily cause an asthma flare-up.

Take Action against Stress

- Remain calm.
- Breathe slowly.
- ☐ Change your focus to pleasant things.
- ☐ Avoid stressful situations.



MOLD

Mold grows

indoors and outdoors

where it is warm,

dark, and/or

damp.

Take Action against Animal Allergens

- ☐ If possible, keep pets outside the home, or consider finding a new home for the pets.
- ☐ Keep pets away from fabric-covered furniture, carpets, stuffed toys, etc.
- □ Do keep pets out of sleeping areas at all times by keeping the doors closed.

Take Action against Mold Allergens, inside and out

- ☐ Use an exhaust fan or open a window after showering, and wipe damp surfaces down to eliminate moisture.
- ☐ Keep shower curtains clean.
- ☐ Fix leaky faucets and pipes.
- ☐ Drip pans in refrigerators, dehumidifiers, and air conditioners should be kept clean and dry.
- ☐ Eliminate the use of humidifiers which promote mold growth.
- ☐ Remove leaves, grass clippings, and compost from the yard area.

PESTS Feces or body parts of roaches, rodents, or other pests can be asthma triggers.

Take Action against Pests

- ☐ Clean food crumbs and spilled liquids.
- ☐ Store food in airtight containers.
- ☐ Don't keep food in your bedroom.
- ☐ Make sure garbage is stored in covered containers.
- ☐ Treat pest infestation professionally.

ALSO

Exercise Weather Changes Pollens Respiratory Infections Medications Foods

Take Action against Other Triggers

- ☐ Avoid prolonged, strenuous activities.
- ☐ Remain indoors when weather forecasts include ozone alerts and pollen counts are elevated.
- Wash your hands often and thoroughly to avoid colds and flu.
- ☐ Get a yearly flu shot.
- ☐ Consult with your physician before taking aspirin, ibuprofen, or medication used to treat heart disease, high blood pressure or migraine headaches.
- ☐ Milk, eggs, peanuts, soy, wheat, fish and shellfish, as well as various food additives, are sources of asthma symptoms and should be avoided.



Diagnosis

INTENSITY (+)

≥

S Y M P T 0

SUBJECTIVE – 1 or more

- wheezing
- chest tightness
- dyspnea
- cough ± sputum

Education

- use of peak flow meters
- trigger avoidance
- warning signs of exacerbations
- medication effects and side effects
- asthma management plan

OBJECTIVE – 1 or more

- airflow obstruction, FEV₁<80% predicted
- reversibility post-bronchodilator, FEV₁>12% increase
- bronchoconstriction post-methacholine, FEV₁>20% increase
- AM/PM peak flow variability, >20%

Treatment Based on Severity

SYMPTOMS MEDICATIONS STEP UP SEVERE PERSISTENT HIGH DOSE inhaled corticosteroid continuous + long-acting beta agonist ± leukotriene receptor antagonist ±oral steroids PRN: short-acting beta agonist STEP UP **MODERATE PERSISTENT MODERATE DOSE** inhaled corticosteroid + long-acting beta agonist daily ± leukotriene receptor antagonist PRN: short-acting beta agonist STEP UP **MILD PERSISTENT** LOW DOSE inhaled corticosteroid > 2x per week; < daily ± long-acting beta agonist OR leukotriene receptor antagonist PRN: short-acting beta agonist STEP UP MILD INTERMITTENT PRN: short-acting beta agonist ≤2x per week STEP DOWN **IMPROVED** Slowly reduce medication as tolerated

Charles Sherman, MD and Sidney Braman, MD. Updated December 2001.



PRINT NAME

Asthma Action Plan

A PARTNERS IN ASTHMA CONTROL FOR RHODE ISLAND FORM adapted from the NHLBI

| PATIENT NAME | | D.O.B. | / / |
|--|--------------------------------------|---------------------|----------------------------|
| HEALTH PLAN | PARENT/GUARDIAN | | |
| OCTOR'S NAME | PHONE | PAGER | |
| OCTOR'S PHONE | ADDRESS | | |
| PATIENT'S PERSONAL BEST PEAK FLOW READING | | | |
| EMERGENCY | PARENT #2/RELATIVE | | |
| 2 □ 911 or □ | PHONE | PAGER | |
| | CDEEN CO | | |
| | GREEN = GO | | |
| ☐ NO COUGH OR WHEEZE☐ CAN WORK/PLAY | USE THESE DAILY CO | | |
| OR | MEDICINE | HOW MUCH TO TAKE | TO TAKE IT |
| PEAK FLOW NUMBER ABOVE | | | |
| (GREATER THAN 80% OF BEST) | | | |
| NOTES: | | | |
| | | | |
| | BEFORE SPORTS OR PLAY, USE THIS MEDI | ICINE: | <u> </u> |
| | | | |
| | | | |
| ☐ WHEEZE ☐ TIGHT CHEST | USE THESE MEDICINE(S) TO MEDICINE | | FING WORSE WHEN TO TAKE IT |
| ☐ WAKE UP AT NIGHT☐ FIRST SIGN OF COLD | | | |
| OR | | | |
| ☐ PEAK FLOW NUMBER TO | | | |
| CALL DOCTOR? | | | |
| YES NO | SPECIAL INSTRUCTIONS: | | |
| | | | |
| | DED - CTOD | | |
| MEDICINE IS NOT HELPING | RED = STOP | NO. | |
| HEART RATE OR PULSE IS VERY FAST | GET HELP FROM A | | |
| ☐ NOSE OPEN WIDE WHEN BREATHING☐ HARD TO WALK OR TALK IN SENTENCES | MEDICINE | HOW MUCH TO TAKE | TO TAKE IT |
| RIBS OR NECK MUSCLES SHOW | | | |
| WHEN BREATHING | | | |
| ☐ LIPS OR FINGERNAILS TURN GRAY OR BLUE | | | |
| OR | | | |
| ☐ PEAK FLOW NUMBER BELOW | SPECIAL INSTRUCTIONS: | ı | 1 |
| | | | |
| PHYSICIAN SIGNATURE (REQUIRED) | | DATE | |

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PHYSICIAN



FIRMA DEL MÉDICO (REQUERIDA)

NOMBRE EN LETRAS DE MOLDE

Plan de Acción Para el Asma

A PARTNERS IN ASTHMA CONTROL FOR RHODE ISLAND FORM - Spanish Version adapted from the NHLBI

| NOMBRE DEL PACIENTE | Fech | a de N acimiento | / / |
|---|---|-------------------------------|---------------------------------|
| Nombre del Plan Médico | PADRE O GUARDIÁN | | |
| Nombre del M édico | TELÉFONO | PAGER | |
| Feléfono del M édico | DIRECCIÓN | | |
| MI MEJOR LECTURA DEL FLUJO MÁXIMO PULMONAR ES: | | | |
| EMERGENCIA | PADRE #2 O PARIENTE | | |
| 2 0 911 . 0 | TELÉFONO | PAGER | |
| | | | |
| ☐ LA RESPIRACIÓN ES BUENA | ERDE = SIGA | | |
| NO HAY TOS O RESUELLO ASMÁTICO | USE ESTAS MEDICINAS | DIARIAMENT | |
| PUEDE JUGAR O TRABAJAR | | CUANTO | CUANDO |
| _ 0 | MEDICINAS | DEBE TOMAR | TOMARLAS |
| ☐ CANTIDAD DEL PLUJO MÁXIMO PULMONAR SOBRE | | | |
| (MAYOR QUE UN 80% DE SU MEJOR LECTURA | | | |
| DEL FLUJO MÁXIMO PULMONAR) | | | |
| NOTAS: | | | |
| | ANTES DE PRACTICAR DEPORTES O DE JUGAR, | USE ESTA MEDICINA | A: |
| | | | |
| | | | |
| □ TOS AMAR | ILLO = PRECAUCIÓN | | |
| RESUELLO ASMÁTICO | TOME ESTAS MEDICINAS PARA | EVITAR QUE S | E EMPEORE |
| - RESOLLED ASIMATION | | | |
| OPRESIÓN EN EL PECHO | MEDICINAS | CUANTO DEBE TOMAR | CUANDO TOMARLAS |
| ☐ OPRESIÓN EN EL PECHO☐ SE DESPIERTA EN LA NOCHE | | CUANTO | CUANDO |
| □ OPRESIÓN EN EL PECHO□ SE DESPIERTA EN LA NOCHE□ SÍNTOMA DE GRIPE | | CUANTO | CUANDO |
| ☐ OPRESIÓN EN EL PECHO☐ SE DESPIERTA EN LA NOCHE | | CUANTO | CUANDO |
| □ OPRESIÓN EN EL PECHO □ SE DESPIERTA EN LA NOCHE □ SÍNTOMA DE GRIPE O | | CUANTO | CUANDO |
| OPRESIÓN EN EL PECHO SE DESPIERTA EN LA NOCHE SÍNTOMA DE GRIPE O NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO | MEDICINAS | CUANTO | CUANDO |
| OPRESIÓN EN EL PECHO SE DESPIERTA EN LA NOCHE SÍNTOMA DE GRIPE O NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO | | CUANTO | CUANDO |
| OPRESIÓN EN EL PECHO SE DESPIERTA EN LA NOCHE SÍNTOMA DE GRIPE O NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO | MEDICINAS | CUANTO | CUANDO |
| ☐ OPRESIÓN EN EL PECHO ☐ SE DESPIERTA EN LA NOCHE ☐ SÍNTOMA DE GRIPE O ☐ NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO ☐ SI ☐ NO | MEDICINAS INSTRUCCIONES ESPECIALES: | CUANTO | CUANDO |
| OPRESIÓN EN EL PECHO SE DESPIERTA EN LA NOCHE SÍNTOMA DE GRIPE O NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO SI NO LA MEDICINA NO ESTÁ AYUDANDO | MEDICINAS INSTRUCCIONES ESPECIALES: OJO = PARE | CUANTO DEBE TOMAR | CUANDO TOMARLAS |
| OPRESIÓN EN EL PECHO SE DESPIERTA EN LA NOCHE SÍNTOMA DE GRIPE O NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO SI □ NO LA MEDICINA NO ESTÁ AYUDANDO LOS LATIDOS DEL CARAZÓN O EL PULSO ESTÁN AGITADOS | INSTRUCCIONES ESPECIALES: OJO = PARE İBUSQUE AYUDA DE UN MI | CUANTO DEBE TOMAR ÉDICO AHOR | CUANDO TOMARLAS AIIIII CUANDO |
| OPRESIÓN EN EL PECHO SE DESPIERTA EN LA NOCHE SÍNTOMA DE GRIPE O NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO SI □ NO LA MEDICINA NO ESTÁ AYUDANDO LOS LATIDOS DEL CARAZÓN O EL PULSO ESTÁN AGITADOS | MEDICINAS INSTRUCCIONES ESPECIALES: OJO = PARE | CUANTO DEBE TOMAR | CUANDO TOMARLAS |
| □ OPRESIÓN EN EL PECHO □ SE DESPIERTA EN LA NOCHE □ SÍNTOMA DE GRIPE O □ NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A | INSTRUCCIONES ESPECIALES: OJO = PARE İBUSQUE AYUDA DE UN MI | CUANTO DEBE TOMAR ÉDICO AHOR | CUANDO TOMARLAS AIIIII CUANDO |
| □ OPRESIÓN EN EL PECHO □ SE DESPIERTA EN LA NOCHE □ SÍNTOMA DE GRIPE O □ NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO □ SI □ NO □ LA MEDICINA NO ESTÁ AYUDANDO □ LOS LATIDOS DEL CARAZÓN O EL PULSO ESTÁN AGITADOS □ LA NARIZ SE DILATA CUANDO RESPIRA □ DIFICULTAD PARA CAMINAR O HABLAR □ CUANDO RESPIRA SE NOTAN LOS MÚSCULO | INSTRUCCIONES ESPECIALES: OJO = PARE IBUSQUE AYUDA DE UN MI | CUANTO DEBE TOMAR ÉDICO AHOR | CUANDO TOMARLAS AIIIII CUANDO |
| □ OPRESIÓN EN EL PECHO □ SE DESPIERTA EN LA NOCHE □ SÍNTOMA DE GRIPE O □ NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO □ SI □ NO □ LA MEDICINA NO ESTÁ AYUDANDO □ LOS LATIDOS DEL CARAZÓN O EL PULSO ESTÁN AGITADOS □ LA NARIZ SE DILATA CUANDO RESPIRA □ DIFICULTAD PARA CAMINAR O HABLAR | INSTRUCCIONES ESPECIALES: OJO = PARE IBUSQUE AYUDA DE UN MI | CUANTO DEBE TOMAR ÉDICO AHOR | CUANDO TOMARLAS AIIIII CUANDO |
| □ OPRESIÓN EN EL PECHO □ SE DESPIERTA EN LA NOCHE □ SÍNTOMA DE GRIPE O □ NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO □ SI □ NO □ LA MEDICINA NO ESTÁ AYUDANDO □ LOS LATIDOS DEL CARAZÓN O EL PULSO ESTÁN AGITADOS □ LA NARIZ SE DILATA CUANDO RESPIRA □ DIFICULTAD PARA CAMINAR O HABLAR □ CUANDO RESPIRA SE NOTAN LOS MÚSCULO DE LAS COSTILLAS O DEL CUELLO □ LOS LABIOS O LAS UÑAS SE VUELVEN GRISES O AZULES O | INSTRUCCIONES ESPECIALES: OJO = PARE IBUSQUE AYUDA DE UN MI | CUANTO DEBE TOMAR ÉDICO AHOR | CUANDO TOMARLAS AIIIII CUANDO |
| □ OPRESIÓN EN EL PECHO □ SE DESPIERTA EN LA NOCHE □ SÍNTOMA DE GRIPE O □ NÚMERO DEL FLUJO MÁXIMO PULMONAR DE A LLAME AL MÉDICO □ SI □ NO □ LA MEDICINA NO ESTÁ AYUDANDO □ LOS LATIDOS DEL CARAZÓN O EL PULSO ESTÁN AGITADOS □ LA NARIZ SE DILATA CUANDO RESPIRA □ DIFICULTAD PARA CAMINAR O HABLAR □ CUANDO RESPIRA SE NOTAN LOS MÚSCULO DE LAS COSTILLAS O DEL CUELLO □ LOS LABIOS O LAS UÑAS SE VUELVEN GRISES O AZULES O □ LA CANTIDAD DEL ELLIO MÁXIMO | INSTRUCCIONES ESPECIALES: OJO = PARE IBUSQUE AYUDA DE UN MI | CUANTO DEBE TOMAR ÉDICO AHOR | CUANDO TOMARLAS AIIIII CUANDO |

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ASSINATURA DO MÉDICO (NECESSÁRIA)

NOME EM LETRAS DE FÔRMA

Plano de Ação Contra Asma A PARTNERS IN ASTHMA CONTROL FOR RHODE ISLAND FORM - Portuguese Version

adapted from the NHLBI

| Nome do Paciente | | Data de Nascimento / / | | | |
|--|---------------------------|---|---------------------------|--|--|
| Nombre do Seguro de Saúde | PAIS/GUARDI | ÃO | | | |
| Nombre do M édico | TELEFONE | TELEFONE PAGER | | | |
| Telefone do M édico | ENDEREÇO | | | | |
| MINHA MELHOR LEITURA DO PICO DO FLUXO: | | | | | |
| EMERGÊNCIA | PAI OU MÃE/ | PARENTE | | | |
| 2 □ 911 ou □ | TELEFONE | PAGER | | | |
| The state of the s | DE = PROS | | v=o(s) | | |
| NÃO TEM TOSSE NEM APRESENTA RESPIRAÇÃO OFEGANTE | TOME DIARIAN | MENTE ESSE(S) MEDICAME PARA O CONTROLE | NTO(S) | | |
| ☐ PODE TRABALHAR/BRINCAR | MEDICAMENTO | QUANTO DEVE SER TOMADO | QUANDO DEVE SER TOMADO | | |
| OU NÚMERO DO PICO DO FLUXO | | | | | |
| ACIMA DE (ACIMA DE 80% DO MELHR) | | | | | |
| OBSERVAÇÕES: | | | | | |
| OBSERVAÇOES. | | | | | |
| | ANTES DE PRATICAR ESPORTI | ES OU BRINCAR, TOME ESSE MEDICAI | MENTO: | | |
| | | | | | |
| □ TOSSE AMA | RELO = CUID | DADO | | | |
| ☐ TOSSE ☐ RESPIRAÇÃO OFEGANTE | | DICAMENTOS PARA EVITAR | R PIORAR | | |
| PEITO CONGESTIONADO | MEDICAMENTO | QUANTO DEVE SER TOMADO | QUANDO DEVE SER TOMADO | | |
| ☐ ACORDA NO MEIO DA NOITE ☐ PRIMEIROS SINTOMAS DE RESFRIADO | | | | | |
| OU OU | | | | | |
| NÚMERO DO PICO DO FLUXO | | | | | |
| A TELEFONAR PARA O MÉDICO | | | | | |
| SIM NÃO | INSTRUÇÕES ESPECIAIS: | <u>'</u> | · | | |
| | | | | | |
| O MEDICAMENTO NÃO ESTÁ | MELHO = P | ÁRE | | | |
| AJUDANDO | | UM MÉDICO AGORA MES | MOIIIII | | |
| O BATIMENTO CARDÍACO OU A PULSAÇÃO ESTÁ MUITO RÁPIDO | | QUANTO DEVE SER TOMADO | QUANDO DEVE | | |
| O NARIZ ALARGA QUANDO RESPIRA | MEDICAMENTO | SER TOMADO | SER TOMADO | | |
| ☐ DIFICULDADE PARA ANDAR OU FALAR EM SENTENÇAS COMPLETAS | | | | | |
| AS COSTELAS OU OS MÚSCULOS DO PESCOÇO APARECEM QUANDO RESPIRA | | | | | |
| OS LÁBIOS OU AS UNHAS FICAM | | | | | |
| ROXOS/ACINZENTADOS OU OU NÚMERO DO PICO DO | INSTRUÇÕES ESPECIAIS: | [| <u> </u> | | |
| FLUXO ABAIXO DE | | | | | |
| | | | | | |

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